COPY OF PAPERS ORIGINALLY FILED

Attorney Docket Number

a valid OMB control number.

+) inside this box \longrightarrow +

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

1-2-203US

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

☑ Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

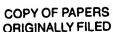
required)

First Named Invento	Joseph A. Kwak					
COMPL	ETE IF KNOWN					
Application Number	09/939,410					
Filing Date	August 24, 2001					
Group Art Unit	2681					
Examiner Name	Not Yet Known					

As a	As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
PHYSICAL LAYER AUTOMATIC REPEAT REQUEST (ARQ)											
the specification of which (Title of the Invention)											
	is attached hereto										
X	OR was filed on (MM/0)(YYYYD	08/24/2	2001	as Unite	as United States Application Number or PCT Intern					
Application Number 09/939,410 and was amended on (MM/DD/YYYY) (if applicable).											
Lhoro	L by state that I have r	eviewed an	d understand the c	ontents of the a			, including the c	laims, as			
amen	ded by any amendm	ent specific	ally referred to abo	VC.							
l ackn	nowledge the duty to	disclose inf	ormation which is r	naterial to pater	itability as	defined in 37 CFI	1.50.				
	by claim foreign prior	ity benefits	under 35 U.S.C.	119(a)-(d) or 3	65(b) of a	ny foreign applica	ation(s) for pate	nt or inventor's			
certifica	ate, or 365(a) of any	PC1 inter	national application	shooking the box	any fore	ion application for	r patent or inver	Inited States of itor's certificate,			
or of ar	a, listed below and h ny PCT international	application	having a filing date	before that of t	he applica	tion on which pho	orny is ciaimed.				
Prior f	Foreign Application			Foreign Fili	ng Date	Priority		ppy Attached?			
FIIOI	Number(s)		Country	(MM/DD/	YYY)	Not Claimed	YES	NO			
		l									
					•	片		H			
		}									
	TOUS PROPERTY OF THE PROPERTY										
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
AC	ditional foreign appli	cation num	bers are listed on a	supplemental property of the supplemental pro	provisiona	al application(s) lis	sted below.	reto.			
I her	eby claim the benefit	under 35 (J.S.C. 119(e) of an	supplemental p y United States e (MM/DD/YY	provisiona	al application(s) lis	sted below.	reto.			
I her	Iditional foreign applieby claim the benefit pplication Number	under 35 (J.S.C. 119(e) of an	y United States	provisiona	al application(s) lis	onal provision	al application			
I her	eby claim the benefit	under 35 (J.S.C. 119(e) of an	y United States	provisiona	al application(s) list Additi numb	onal provision	al application			
I her	eby claim the benefit	under 35 (J.S.C. 119(e) of an	y United States	provisiona	Additi	onal provision	al application on a ty data sheet			

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box 🔫

PTC/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Name	DEC														
Additional U.S. or PCT international application numbers are fisted on a supplemental priority data sheet PTO/SB002B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: Country	United States of United States of Information which	f America, PCT Inte th is mate	, listed below an mational applical rial to natentabili	id, inso tion in itv as o	ofar as t the man defined	the subje iner prov in 37 CF	ided by R 1.56	er or ea	ech or un	ob of	35 11 S C	112 la	denowa	edge the duty t	o disclose
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB002B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith: \(\begin{array}{c} \begin{array}{c} \text{Customer Number} \end{array} \) 24374 \\ \text{OR} \\ \text{Registered practitioner(s) name/registration number listed below} \\ \text{Registration Name} \\ \text{Name Registration Name} \\ \text{Number} \\ \text{Number} \\ \text{Number} \\ \text{Number} \\ \text{Number} \\ \text{Name Number} \\ \text{Additional registered practitioner(s) name/registration number listed below} \\ \text{Registration Name} \\ \text{Number} \\ \text{Name Number} \\ Additional registered practitioner(s) name on supplemental Profits profit in the Number or Bar Code Label or	U.S. Parent Application or PCT Parent							_		1					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Parale Content Number	Number						1-	WIND DE	<i>,</i> ,,,	··/					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Parale Content Number															
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Parale Content Number															
Additional registered practitioner(s) name/egistration number listed beflow Registration Name Registration Name Registration Name Number Summer Summer State Note: Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to:	Additional	U.S. or PC	T international a	pplicat	ion num	bers are	listed o	n a sup	plementa	l prio	rity data sh	eet PTC	D/SB/02	2B attached he	reto.
Costomer Number Costomer Number Cat	As a named inve	entor, I her	eby appoint the t	followin	ng regist	lered pra	ctitioner	(s) to p	rosecute	this a	pplication	and to t	ransad	all business in	the Patent
Registration Name Name Name Name Name Namely, the Attorneys of Volpe and Koenig, P.C. Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to:	and Trademark	Office con	nected therewith:		OR						_]	→		Number Bar C	ode
Name Number Numbe					Registe) name	/registrat	ion nu	umber liste	d below			
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SBV02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label Name VOLPE AND KOENIG, P.C. DEPT ICC Address Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or improvement, or both, under 19 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if anyl) Family Name or Sumame Joseph A. Kwak Inventor's Signature Bolingbrook State IL Country USA citizenship USA Post Office Address City Bolingbrook State IL ZIP 60440 Country USA Citizenship USA City Bolingbrook State IL ZIP 60440 Country USA		Name							<u></u>		Name				
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label Name VOLPE AND KOENIG, P.C. DEPT ICC Address Address City State I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are believed to be true; and further that these statements over made with the knowledge that willful false statements may jeopardize the validity of the application or any patient issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if anyl)) Family Name or Sumame Joseph A. Inventor's Signature Bolingbrook State IL Country USA Cittizenship USA Citty USA Cittizenship City Bolingbrook State IL ZIP 60440 Country USA															
Direct all correspondence to: X	Voipe and R	ocing, i .c	•												
Direct all correspondence to: X															
Direct all correspondence to: X	Additional r	egistered (practitioner(s) na	med o	n supple	emental f	Register	ed Prac	titioner l	nform	ation shee	PTO/S	B/02C	attached heret	э.
Name VOLPE AND KOENIG, P.C. DEPT ICC Address Address Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 19 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if anyl) Family Name or Sumame Joseph A. Kwak Inventor's Signature Bolingbrook State IL Country USA Citizenship USA Post Office Address City Bolingbrook State IL ZIP 60440 Country USA City Bolingbrook State IL ZIP 60440 Country USA						Г				\neg	_				
Address Address City Country Telephone Fax Telephone Fax Telephone Telephone Fax Telephone Telephone Telephone Telephone Telephone Fax Telephone Telephone Fax Telephone Telephone Fax Telephone Tel		•		Bar (Code La	abel [240			O/1 L				
Address City Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 19 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any!) Joseph A. Inventor's Signature Bolingbrook State LL Country USA Citizenship USA City Bolingbrook State LL ZIP 60440 Country USA	Name	VOL	PE AND KO	DENI	G, P.0	C. D	EPT I	CC							
Country Telephone Fax Telephone Fax Telephone Telephone Telephone Fax Telephone Telephone Fax Telephone Telephone Fax Telephone Telephone Fax Telephone T	Italic														
Country Telephone Telepho	Address														
Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 13 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Joseph A. Inventor's Signature Bolingbrook State IL Country USA Citizenship USA City Bolingbrook State LL ZIP 60440 Country USA Country USA	Address				_					_					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 13 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Sumame Joseph A. Inventor's Signature Bolingbrook Residence: City Bolingbrook State LL Country USA Cittzenship USA City Bolingbrook State LL ZIP 60440 Country USA	City								State			ZIP			
believed to be true; and further that these statements were made with the Nowedyst and punishable by fine or imprisonment, or both, under 19 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if anyl) Joseph A. Inventor's Signature Residence: City Bolingbrook State LL Country USA Citizenship USA City Bolingbrook State LL ZIP 60440 Country USA USA										_					•
Given Name (first and middle [if anyl) Family Name or Sumame Joseph A. Kwak	believed to be	true; and fine or im	further that thes prisonment, or b												
Inventor's Signature Bolingbrook State IL Country USA Citizenship USA Post Office Address City Bolingbrook State IL ZIP 60440 Country USA City USA	Name of S	ole or F	irst Inventor						A petiti	on ha	as been f	iled for	this u	nsigned inve	ntor
Inventor's Signature Residence: City Bolingbrook State IL Country USA Citizenship USA Post Office Address Post Office Address City Bolingbrook State IL ZIP 60440 Country USA	Given Name (first and middle [if any])					Family Name or Sumame									
Residence: City Bolingbrook State IL Country USA Citizenship USA Post Office Address City Bolingbrook State IL ZIP 60440 Country USA						Kwak									
Residence: City Bolingbrook State IL Country USA Citizenship USA Post Office Address Post Office Address City Bolingbrook State IL ZIP 60440 Country USA Citizenship USA		1 1140 AILZ (M.X					Date 40/3					10/30/01			
Post Office Address Post Office Address City 482 Degas Road L ZIP 60440 Country USA		City	Bolingt	brook	ζ	State	IL		Country	,	U	SA		Citizenship	USA
Post Office Address City Bolingbrook State IL ZIP 60440 Country USA	482 Degas Road														
City Bolingbrook State IL ZIP 60440 Country USA															
City State En		Bolinabrook IL				71P	p 60440 Country USA				SA				
	<u> </u>	1 10	ro oro bains s			c.			Additions	al Inv	rentor(s) s			/SB/02A atta	ched here